



Cultural Competency Training: The Challenge and Promise of Participation

April 24, 2007

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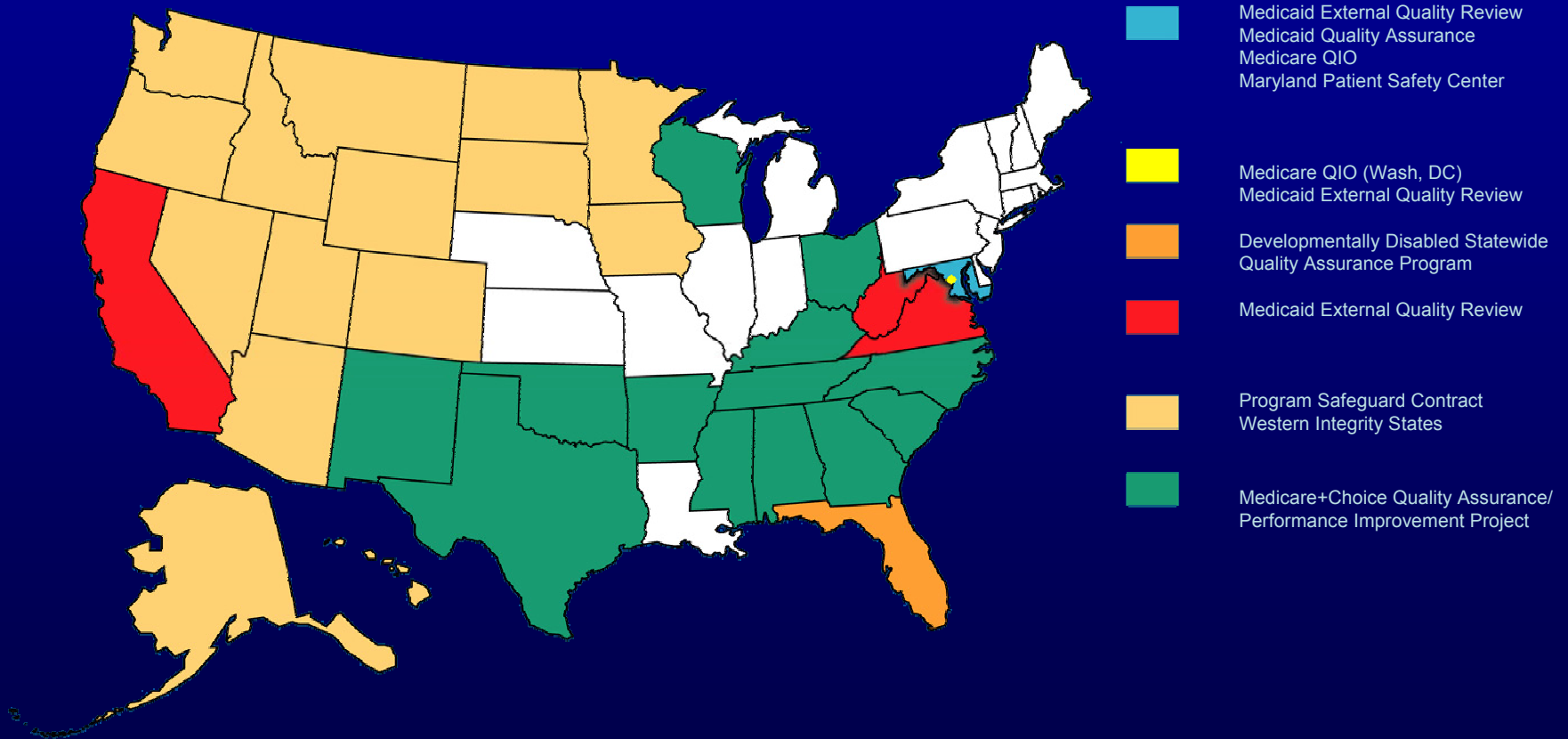
Vice President, Quality Improvement Programs



Delmarva Foundation



Delmarva Foundation National Experience





U.S. Health System Performance

- ✦ Institute of Medicine aims:
 - ✦ Patient-centered, timely care – increase adherence, improve care experiences and promote more effective care
 - ✦ Access and efficiency – lack of availability of physicians
 - ✦ Equity – reduce and eliminate disparities



The Changing Population

- ✦ Hispanic population is the fastest-growing group among all minority groups in US¹
- ✦ Hispanic population accounted for almost half (1.3 million) of national population growth from July 2004 to July 2005¹
- ✦ Of the 1.3 million, 800,000 was because of natural increase and 500,000 was immigration¹
- ✦ Hispanic population in Maryland will increase from 258,000 to 438,000 by 2025²

¹U.S. Census Bureau News, May 10, 2006

² U.S. Census Government State Projections by Sex, Race, and Hispanic Origin



The Changing Population 2000 - 2050¹

- ✦ Hispanic population: 12.6% → 24.4% (188%)
- ✦ African American population: 12.7% to 14.6% (71%)
- ✦ Asian population: 3.8% → 8% (213%)
- ✦ White population: decrease from 69.4% to 53%

¹US Census Bureau, Public Information Office, March 23, 2006



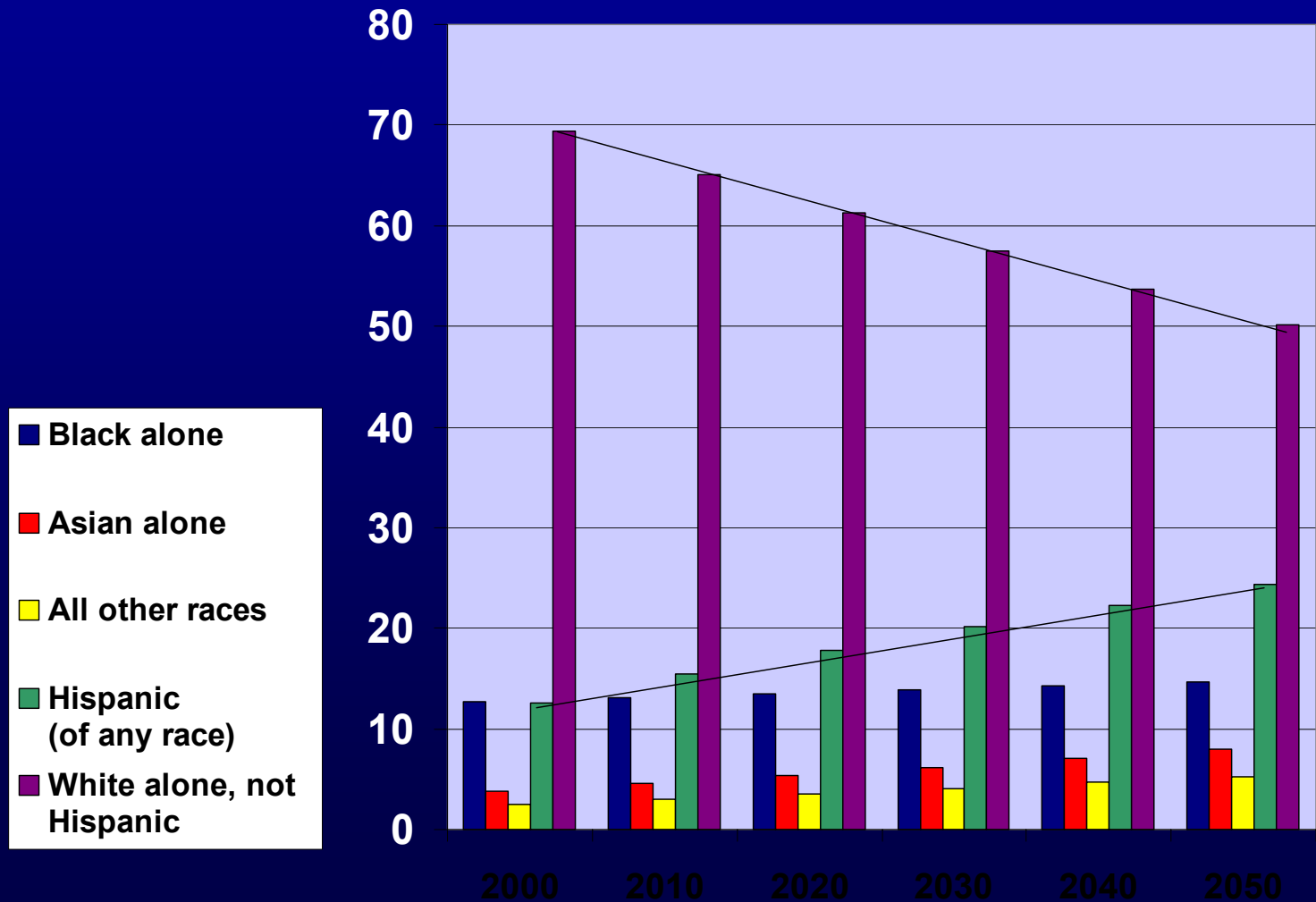
Disparities in Maryland Healthcare¹

- ✦ Hispanic adults - 50% more diagnosed diabetes than White adults
- ✦ Data from 1996 – 2001 shows that rates of new cases of ESRD is 20 – 30% higher for Hispanics
- ✦ Hispanic women - 3 times more likely to receive late or no prenatal care

¹Maryland DHMH, Office of Minority Health and Health Disparities, Maryland Health Disparities Data Highlights, December 2005



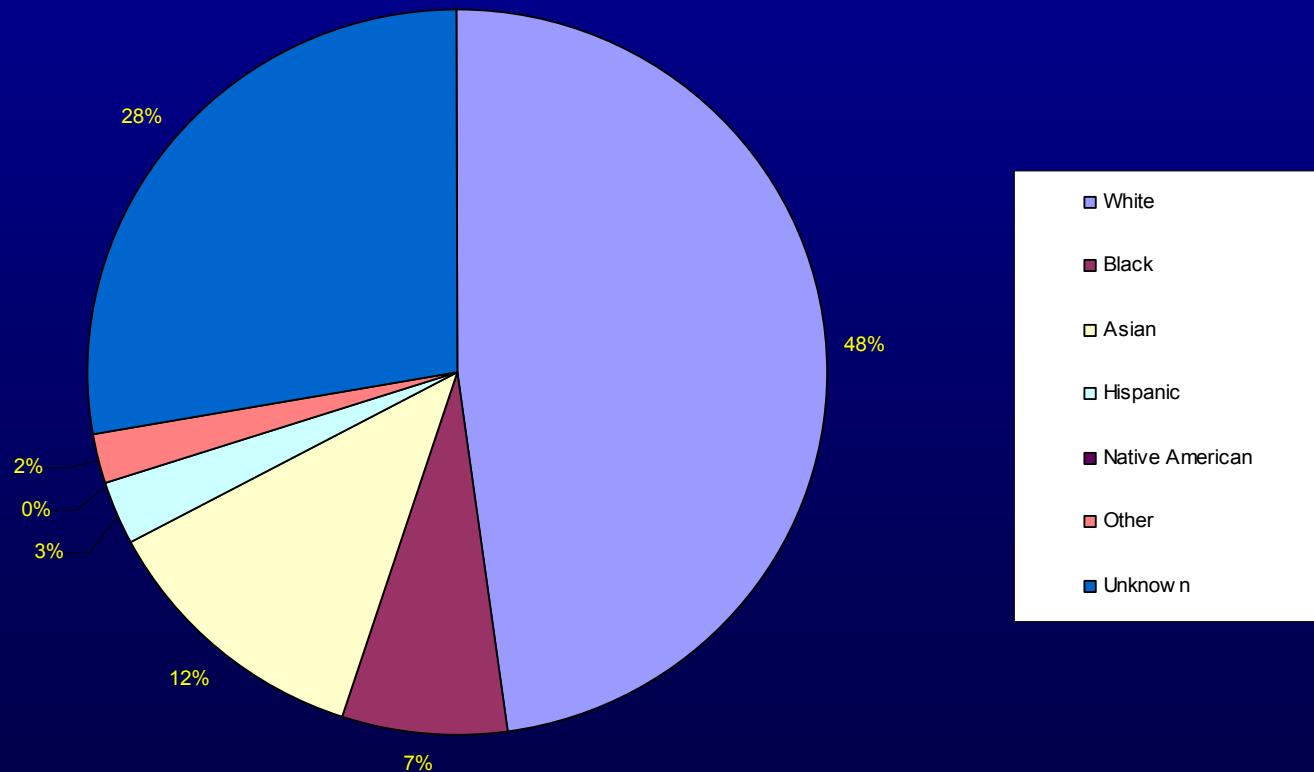
Changing Population





Local Physician Population

Maryland: Distribution of Nonfederal Physicians
by Race 2003



Notes: Nonfederal physicians are not employed by the federal government and include medical doctors and osteopaths. They represent 98% of total physicians.
 Sources: American Medical Association, Physicians Professional Data, year of data 2003, copyright 2004: Special



Culture in Healthcare

- ✦ 8th SOW: Centers for Medicare and Medicaid Services (CMS) directed Quality Improvement Organizations (QIOs) to promote the utilization of the OMH's web-based program: "A Family Physicians Practical Guide to Culturally Competent Care"
 - ✦ No direct cost to your practice
 - ✦ Web-based, on-line tool
 - ✦ Available anywhere, anytime with Internet access
 - ✦ Physicians – nurses – support staff
 - ✦ CMEs for physicians; contact hours for AP nurses



Culture in Healthcare

- ✦ QIO Participation Requirements
 - ✦ Recruit 50 practice sites
 - ✦ Complete application/pre-assessment
 - ✦ Complete the required themes
 - ✦ Each theme pre/post test
 - ✦ Certificate with CME/CEUs
 - ✦ Improve knowledge
 - ✦ Complete post-assessment



New skills for a changing population

- ✦ Ensuring culturally and linguistically appropriate services within a practice can help physicians
 - ✦ Manage risk
 - ✦ Gain a competitive edge in a growing population segment.
- ✦ Accreditation agencies (JCAHO and NCQA) are addressing cultural competency issues.
- ✦ State regulatory agencies (New Jersey) are requiring cultural competency training.



A Family Physician's Practical Guide to Culturally Competent Care

- ★ www.thinkculturalhealth.org
 - ★ Theme One: Culturally Competent Care
 - ★ Theme Two: Language Access Services
 - ★ Theme Three: Organizational Supports



www.thinkculturalhealth.org



United States Department of HEALTH & HUMAN SERVICES
Office of Minority Health

Think Cultural Health: Bridging the Health Care Gap through Cultural Competency Continuing Education Programs

Home Earn CME Contact Us Feedback

About This Program

[Background and History of the Cultural Competency Curriculum Modules](#)

References

Office of Minority Health

Cultural Competency Information

CME Accreditation Information

"Informative, relevant, and engaging... A marvelous e-learning program that will improve the quality of care provided to all patients This is likely to be the 'gold standard' in cultural competency training for many years to come!"

Robert C. Like, MD, MS
Director, Center for Healthy Families and Cultural Diversity
Department of Family Medicine
UMDNJ-Robert Wood Johnson Medical School

SAIC From Science to Solutions™

What's New?
[View the most recent cultural competency materials and program developments.](#)

Physicians
Go to the CCCM CME Website!
[click here](#)

Order the CCCM DVD

Give Us Your Feedback
Have a comment or suggestion about this site?
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Welcome to Think Cultural Health

With growing concerns about **racial and ethnic disparities in health** and the need for health care systems to accommodate **increasingly diverse patient populations**, cultural competence has become more and more a matter of national concern and attention.

For many Americans, regular medical care is expensive, inconvenient, and not always comfortable. Imagine the potential problems associated with adding language and cultural barriers to this already frustrating experience.

Providers can take the first step to improve the quality of health care services given to **diverse populations**. By learning to be more aware of their own cultural beliefs and more responsive to those of their patients, providers can think in ways they might not have before. That can lead to self-awareness, and over time, changed beliefs and attitudes that will translate into better health care.

United States Department of HEALTH & HUMAN SERVICES
Office of Minority Health

A Family Physician's Practical Guide to Culturally Competent Care

Home Physician Program CME Info

Course Login

Returning Users
[Forgot Password?](#)

User Name

Password

Go

New User?
Registration is open to physicians, nurses, and all healthcare professionals.

Register
Register to request the DVD version of this CME program.

Help / FAQs

Course Information

A Family Physician's Practical Guide to Culturally Competent Care is a continuing medical education activity:

This continuing medical education activity is jointly sponsored by Professional Education Services Group, Science Applications International Corporation, and Astute Technology.

Supported through unrestricted monies from the Office of Minority Health at the United States Department of Health and Human Services.

What's New?

Updated Cultural Competency Resources

Why Culturally Competent Care?

[e-mail a colleague](#)

With the increasing diversity of the United States' population, physicians are more and more likely to encounter situations that require the delivery of culturally competent care, access to a vast array of language services, and supportive healthcare organizations.

★ Register today to start earning up to 9 free CME credits while exploring engaging cases and learning about cultural competency in health care.

Below you may view case highlights from this website:

Case Highlights

A YOUNG HISPANIC DOCTOR WANTS THE OFFICE STAFF TO TREAT HER PATIENTS BETTER.

She is dismayed to overhear a staff member say, "There should be a law that everyone speaks English in this

Cultural Fact
Within 50 years, nearly half of the nation's population will be from cultures other than White, non-Hispanic, increasing needs to provide medical services to patients of diverse cultures or languages.

Why Use This Website?
Cultural and language differences may engender misunderstanding, lack of compliance, or other factors that negatively influence clinical situations.

Participants in this website will learn how staff members should be



Course Registration Process

United States Department of
HEALTH & HUMAN SERVICES
Office of Minority Health

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Updated Cultural Competency Resources

Registration Form

Please fill out the registration form below and click on the submit button. (* Required fields)

DVD Requests: If you would like to order the DVD version of this CME program, please complete the registration form and click on the "Request DVDs" link located in the "Course Toolkit" section of the side navigation.

* First name:
Middle initial:
* Last Name:
* Institution/Hospital/ Practice:
* Address one:
Address two:
* City:
* State/Province:
* Zip Code:
* Country:
* Email:
Daytime Telephone:
* User name:
* Password:
* Confirm Password:
* Degree:
If Other, Please Specify:

* Are you registering as part of the CMS Medicare Quality Improvement Organization (QIO) initiative? ☐ Yes ☐ No

"Informative, relevant, and engaging...A marvelous e-learning program that will improve the quality of care provided to all patients... This is likely to be the 'gold standard' in cultural competency training for many years to come!"

Robert C. Like, MD, MS
Director, Center for Healthy Families and Cultural Diversity
Department of Family Medicine
UMDNJ-Robert Wood Johnson Medical School

* Specialty/Practice area:
If Other, Please Specify:

* Affiliations, please check all that apply:

☐ American Academy of Family Physicians
☐ American Medical Association
☐ American Medical Women's Association
☐ American Board of Family Practice
☐ Society of Teachers of Family Medicine
☐ Association of Family Practice Administrators
☐ World Organization of Family Doctors
☐ Others (Please list all that apply, separated by a comma)

* Are you registering as part of the CMS Medicare Quality Improvement Organization (QIO) initiative? ☐ Yes ☐ No

* What is your gender? ☐ Male ☐ Female

* What is your age?
☐ Less than 25
☐ 25 to less than 35
☐ 35 to less than 45
☐ 45 to less than 55
☐ 55 or over

* What is your Race/ Ethnicity?
If Other, Please Specify:

Which of the following best describes the setting where you practice medicine?
☐ Urban
☐ Suburban
☐ Rural
☐ Military
☐ More than one practice setting (i.e., regional, or statewide)
☐ Not in a practice setting



Earning CMEs and CEUs

- ✦ 3 CMEs available per Theme
- ✦ 9.0 CEU contact hours available for Advanced Practice Nurse
- ✦ Complete all material
- ✦ Pass the posttest with 70% or above
- ✦ Complete the Theme Evaluation
- ✦ A printable certificate will automatically be generated





Theme 1 – Cultural Competency

★ Arturo Gonzalez:

- ★ Is a 14-year old male Mexican youth, hospitalized for an overdose of Amitriptyline. He is overweight and has complained of being bullied at school. He speaks English and Spanish. He has Medicaid.





CLAS Standards

The CLAS standards are part of a body of recommended guidelines, legislation, and policies about cultural and linguistic acceptance adopted over recent decades in the United States.



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care

Culturally Competent Care:

1. Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3. Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services:

4. Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
5. Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except by request by the patient/consumer).
7. Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports:

8. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
9. Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
11. Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
13. Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.



Cultural Competency Development Is...

- ✦ A journey – not a goal
- ✦ A process of self-reflection
 - ✦ Understanding our own beliefs and biases
 - ✦ Knowing what we bring to a clinical encounter





Theme 2 – Language Access Services

- ✦ Employ bilingual staff who have other responsibilities but may help with interpretation
- ✦ Use staff or volunteer interpreters whose sole responsibility is interpretation
- ✦ Use contract interpreters who are normally managed through an agency
- ✦ Contact community interpreter services to provide interpretation in a variety of languages
- ✦ Arrange services with universities, immigrant services agencies, health departments, community clinics, or other organizations
- ✦ See www.diversityrx.org/html/models.htm for more



Translation of Written Materials

- ✦ Providing LAS includes ensuring appropriate written materials, not just oral interpretation, for LEP patients.
- ✦ Translated written materials could include:
 - ✦ Signage in the office
 - ✦ Applications
 - ✦ Consent forms
 - ✦ Medical treatment instructions
- ✦ Translated materials



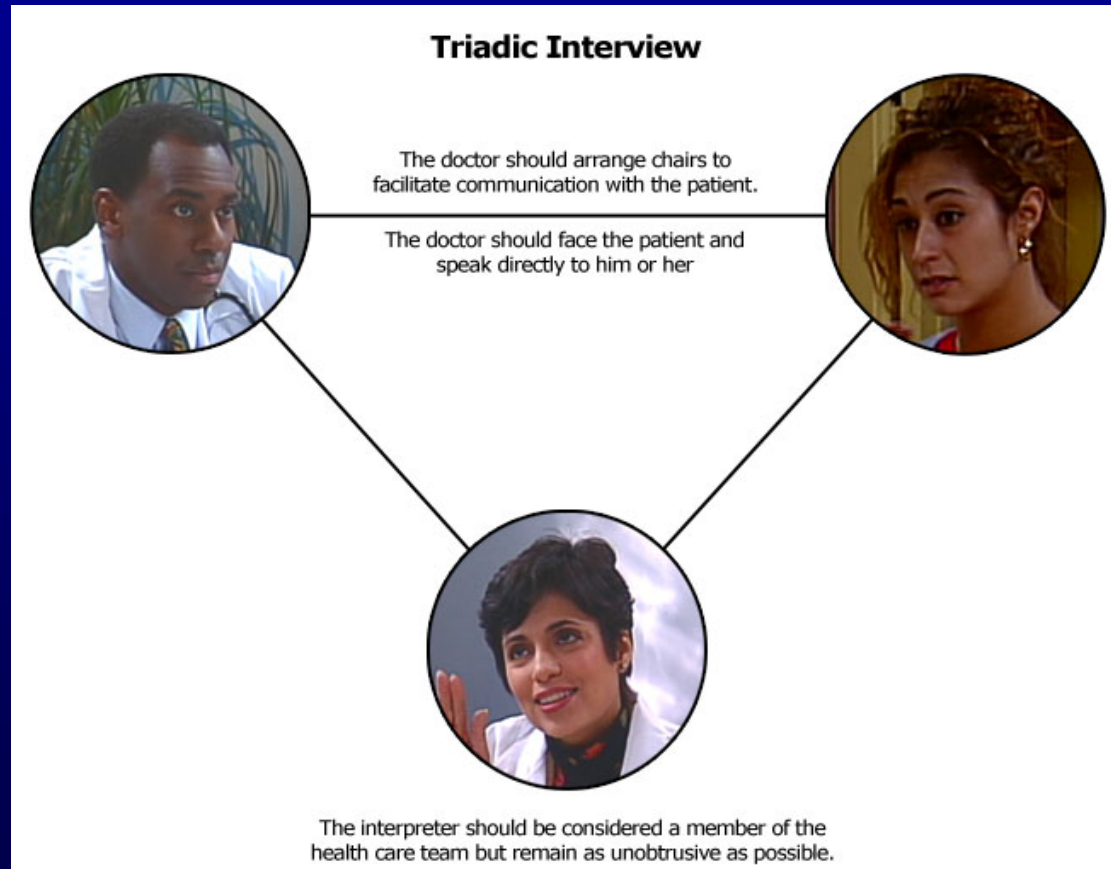


The Triadic Interview

- ★ Involves:
 - ★ A presession
 - ★ An interview
 - ★ A debriefing
- ★ Involves the patient, provider, and interpreter
- ★ The provider speaks directly to the patient
- ★ Sentence-by-sentence interpretation is used
- ★ No sidebar conversations



Triadic Interview





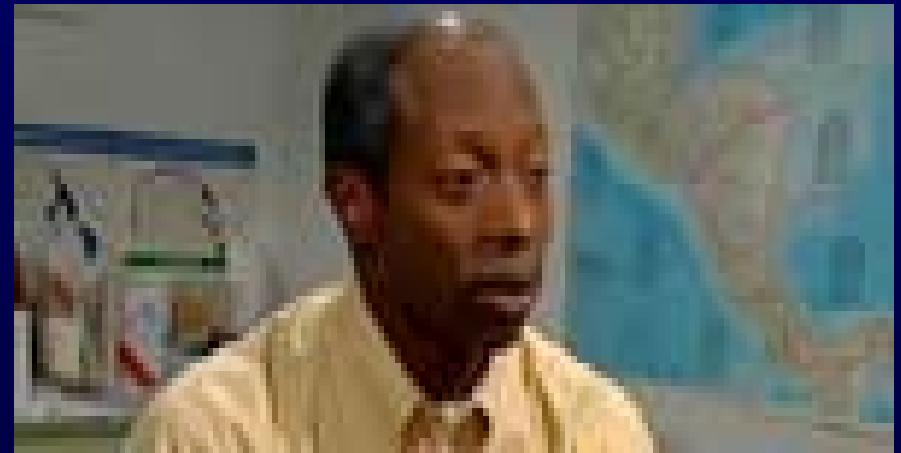
Theme 3: Organizational Supports

- ✦ Module 3.1: Importance of Environment/Climate
- ✦ Module 3.2: Assessing your Community
- ✦ Module 3.3: Building Community Partnerships



Setting the Stage: Case Study

- ★ Gebru Gidada:
 - ★ Is a 57-year old male Ethiopian native who has lived in the United States for 15 years. After suffering a heart attack, he wants his community to learn more about heart health. He has moderate insurance benefits as a retiree from a manufacturing plant.





The Office Environment

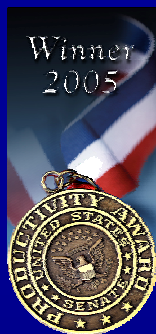
- ✦ Develop training to assist staff in becoming culturally sensitive and raise awareness
- ✦ Perform self-audits and assess how staff think they are handling cultural and individual differences
- ✦ Ask staff to assist with designing ways to provide a supportive and encouraging environment for patients
- ✦ Provide staff with knowledge and experiences about the role of cultural and individual diversity in professional practices



Setting the Stage: Case Study

- ★ Holly Ivey:
 - ★ Holly is a 4-year old African-American girl with asthma, who has not had immunizations. Her mother works, but has no health insurance.



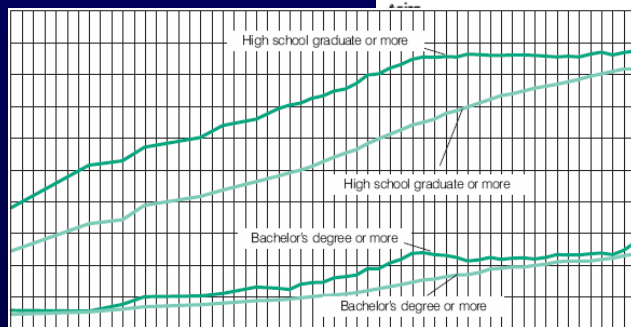


Data Collection & Analysis

- Identifies population groups within a service area
- Builds an epidemiological profile of the community – demographics, morbidity by racial and ethnic groups, gender, etc.
- Helps identify community partners to assist with outreach and service delivery to different ethnic groups

Table 1.
Population by Race and Hispanic Origin: 2000 and 2003
(Numbers in thousands)

Race and Hispanic origin	April 1, 2000		July 1, 2003		Change 2000 to 2003	
	Total	Percent	Total	Percent	Number	Percent
Total population	281,423.2	100.0	290,809.8	100.0	25.1	62.5
One race	277,525.5	98.6	286,502.2	98.5		
White	238,105.8	81.1	234,196.4	80.5		
Black or African American	35,704.3	12.7	37,098.0	12.8		
American Indian and Alaska Native	2,883.8	0.9	2,786.7	1.0		
Hispanic or Latino	10,589.1	3.8	11,924.0	4.1		
Other	462.5	0.2	495.3	0.2		
Hispanic or Latino	3,897.7	1.4	4,307.6	1.5		
Hispanic or Latino	231,435.7	82.2	237,899.4	81.8		
White	37,104.4	13.2	38,749.0	13.3		
Black or African American	4,225.1	1.5	4,386.2	1.5		
American Indian and Alaska Native	12,008.7	4.3	13,503.0	4.6		
Hispanic or Latino	908.8	0.3	959.6	0.3		
Hispanic or Latino	35,306.3	12.5	39,898.9	13.7		
Hispanic or Latino	195,576.4	69.5	197,326.3	67.9		



in populations is larger than the total because some people belong to more than one racial group.
on Estimates Program, April 1, 2000 and July 1, 2003.



Develop Community Partners

- ✦ To foster a mutual exchange of expertise that helps shape the direction and practices of the health care organization
- ✦ Solving public health problems extends beyond the reach and resources of a single organization
- ✦ To help agencies and organizations share financial burdens and create shared communities



Who are they?

- ✦ County Health Departments
- ✦ Hospital System
- ✦ Large Multi-site Group Practices
- ✦ Solo physicians
- ✦ Small Group Practices
- ✦ Nurse Practitioners
- ✦ Federally Qualified Health Center System



SUMMARY RESULTS

	<u>National</u>	<u>Maryland</u>
Total Practitioners Recruited	5930	235
Total Practice Sites Represented	1961	68 (50)
% of QIOs Met Recruitment Goal	97.5%	Met Goal
% of QIOs Exceeded Recruitment Goal	85%	Exceeded Goal
Recruitment % in Excess of Goal	2% to 136%	36%



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- ✦ www.thinkculturalhealth.org

